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Bib Data Sheet

CONFIRMATION NO. 9021

SERIAL NUMBER 09/934,735	FILING DATE 08/22/2001 RULE	CLASS 705	GROUP ART UNIT 2466 2172	ATTORNEY DOCKET NO. 119862-1000						
APPLICANTS Rohit J. Parmar, Dallas, TX; ** CONTINUING DATA ***** No/Im ** FOREIGN APPLICATIONS ***** No/Im										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/25/2001										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>CM</i> Initials:	STATE OR COUNTRY TX	SHEETS DRAWING 12	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3						
ADDRESS GARDERE WYNNE SEWELL LLP 3000 Thanksgiving Tower 1601 Elm Street Suite 3000 Dallas, TX 75201-4767										
TITLE Method, systems and apparatuses for managing specialized healthcare needs										
FILING FEE RECEIVED 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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